

management in primary care.

Methods: A qualitative approach was employed using semi-structured focus groups. Two focus groups were conducted with clinical pharmacists in general practice, and three with non-physician primary care professionals in Region Uppsala, Sweden, during May–June 2022. Discussion topics covered chronic pain treatment, opioid management, non-pharmacological alternatives, and interprofessional collaboration. All interviews were audio-recorded, transcribed verbatim, and analysed thematically.

Findings: Five focus groups included seven clinical pharmacists, five physiotherapists, two nurses, two psychologists, and one dietician. Thematic analysis revealed five key themes: (1) the psychological and quality-of-life impact of chronic pain; (2) the complexity and general undesirability of opioid treatment for chronic pain; (3) insufficient access to or barriers against non-pharmacological alternatives; (4) the benefits of interprofessional care, particularly incorporating pharmacists' expertise; and (5) prerequisites for successful treatment, including clear care plans, consistency among physicians, and dedicated resources.

Conclusion: Clinical pharmacists and other non-physician healthcare professionals recognize the complexity of the management of chronic non-cancer pain, favoring non-pharmacological care over long-term opioid use. Future initiatives to improve primary care should focus on supporting interprofessional collaboration, a critical factor in enhancing the management of chronic pain.

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An interview study with caregiving family members on challenges on hospital discharge and opportunities for community pharmacies

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Background: In Germany, at least 3 Million family members are estimated to support patients in medication management. Taking on these tasks, often without receiving any medication-related education or training, can be challenging for caregiving family members, overburden them and potentially lead to medication errors.

Purpose: As part of the CAPAA project, caregivers were interviewed with the aim to analyse the problems they experience in long-term care but also especially after hospital discharge of the family member they care for and to identify the potential for community pharmacies to support medication management.

Method/Study Design: A preceding focus group discussion was held in order to develop the topic guide for the semi-structured interviews, that covered the caregivers' experiences with the medication-related care after a hospital discharge of the patient as well as in long-term care and their collaboration with community pharmacies. The interviews were conducted face-to-face, audio-recorded, transcribed verbatim and analysed using qualitative content analysis in MAXQDA 24. All problems but also support measures identified were mapped to the different stages of the medication process, i.e. prescription, information, dispensation, administration, monitoring and communication.

Findings: A total of six caregivers were interviewed (62.6 ± 6.5 years old, 83.3 % female). Caregivers reported various problems throughout the medication process. The gap in information was a challenge both after hospital discharge as well as in long-term care. Often this was due to limited knowledge, but also due to poor communication with the hospital or general practices. Furthermore, medication management required organisational effort, which was considered time-consuming. Home-delivery of medication, together with easy accessibility and pharmaceutical competences, made the community pharmacy an important resource for caregivers. However, some participants were unaware of which further support community pharmacies may offer, such as pharmaceutical services, and therefore did not proactively ask for this so far.

Conclusion: The interviews showed that the caregivers experience various problems. Community pharmacies are perceived as supportive even though not all potential services a community pharmacy might offer were requested by the caregivers so far. As part of the CAPAA project, additional interviews are

conducted with professional caregivers of home care services, pharmacists and patients which will make it possible to analyse the best way to collaborate with all stakeholders.

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Medication Adherence and Quality of Life Characterization in a Sample of Low-income Seniors from the Inner Center of Portugal

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Background: Low-income seniors face financial challenges that can influence their healthcare access, quality of life, and medicine use. Medication Adherence in this population is often low and can impact seniors' quality of life.

Purpose: Access medication adherence and quality of life in a sample of low-income seniors from the inner center of Portugal.

Method: A questionnaire was applied to a convenience sample of older adults from the inner center of Portugal. The questionnaire included the Measure of Adherence to Treatment scale (MAT) and the European Quality of Life-5 Dimensions 5 Response Levels from EuroQol (EQ-5D-5L), both translated and validated for Portugal. The study obtained ethics approval and the participants gave their informed consent to participate in the study.

Findings: Of the 103 participants, 63.1% were female, and 70.9 % were between 65 and 74 years old. In terms of education, 75.7% had only completed primary school.

In terms of medication use, we found that 72.8% of older adults take five or more medicines per day. Almost 50% of participants had adherence values below the median (5.42), and 37.9% reported that sometimes forgot to take their medication. The application of the EQ-5D-5L questionnaire revealed the following results regarding walking problems: 35% of participants experienced moderate difficulties, while 24.3% reported no walking issues at all, and 22% faced severe walking problems. Regarding personal care, the majority (62.1%) had no problems washing or dressing themselves. In terms of carrying out their usual activities, 48.5% reported no problems, 20.4% had slight problems, and a further 20.4% had moderate problems. Regarding pain or discomfort, 35.9% reported having moderate pain or discomfort, 23.3% mild, and 22.3% severe, only 17.5 % reported having no pain or discomfort at all. Concerning anxiety or depression, 38.8% of participants reported feeling neither anxious nor depressed, while 27% indicated they felt moderately anxious or depressed. The EQ-VAS scores showed that 65% of older adults rated their health as at 50% or worse, and only a small number of individuals reported the best possible quality of life.

Conclusion: A large percentage of participants had low medication adherence and a poor quality of life. This highlights the urgent need for effective interventions to enhance treatment adherence and subsequently improve the quality of life for low-income seniors.

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Exploring health professionals' engagement during identification and management of pain in people living with dementia: how pharmacists compare?

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